Introductions and My (Not-So-Bad) Dilemma
What We Already Know

Developmental Lens

**The DSM:** how we use it now, current diagnoses, general ideas about children’s mental health
What We Need To Know

How is the DSM 5 Different From The DSM-IVTR?

*Conceptual Changes:* Shifts in thinking, definitions, etc.

*Structural Changes:* Diagnostic system itself

*Specific Changes:* Reflect conceptual and structural changes
Using A Developmental Lens

- **Developmental Context**, knowing typical development, patterns of relationship to self/other (Gilbert)
- **Think flexibly**: human experience is on a fluid continuum and changes over time
- **Being interested in the story from the beginning**: What happened? What was not allowed to happen?
Developmental Pathways (Sroufe, Bowlby)
Developmental Pathways, cont’.

- **Developmental Pathways**: constitutional strengths/issues, environmental and relational buffers/insults
- **Developmental Outcomes**: self-regulation, attachment, social relationships
Developmental Pathways, cont’.

* **Multiple** pathways can lead to the **same** outcome....

* **Each** pathway has **multiple** outcomes based on support/lack of support, etc...
The DSM
The DSM 5 is …

A more defined, organized version of what the DSM has always been
Controversies

* NIMH

* Committee/psychiatry
DSM 5 Conceptual Changes: Section III

- Cultural Formulation:
- Assessment Models
- Personality Disorders: proposed paradigm shift
- “Also-rans”
Conditions for Further Study

- Attenuated Psychosis Syndrome
- Complex Bereavement
- Caffeine Use Disorder
- Internet Gaming Disorder
- Prenatal Alcohol Exposure
Increased attention to culturally competent formulation
Conceptual Changes: Developmental Focus

Lifespan Approach

Cross-Cutting Symptoms, Cross-classified Diagnoses
Conceptual Changes: Redefinition and Recategorization of Disorders

* Clarification of the definition of disorders:
  * Substance Abuse
  * Mood Disorders: depression, anxiety, bipolar

* Recategorization or placement:
  * Bipolar
  * Trauma and Stressor-Related Disorders
Multi-axial System... is gone

Emphasis on a more detailed snapshot: severity, impact on functioning

ICD 10

NOS is now gone as a category, replaced by:
  * Other Specified
  * Unspecified
**Sample Case: DSM-IV(R)**

**Axis I:** 300.02 Generalized Anxiety Disorder

**Axis II:** V71.09 No Diagnosis

**Axis III:** Insomnia, occasional nighttime enuresis

**Axis IV:** Stress in primary support group, difficulty in educational setting (school classroom, aftercare)

**Axis V:** GAF=63
Sample Case: DSM-5

300.02 (F41.1) Generalized Anxiety Disorder
307.6 (F98.0) Enuresis
780.52 (G47.00) Insomnia Disorder
V61.20 (Z62.820) Parent Child Relational Problem
V61.8 (Z62.891) Sibling Relational Problem
V62.3 (Z55.9) Academic or Educational Problem
Diagnoses Overview

* Neurodevelopmental Disorders
* Schizophrenia Spectrum
* Bipolar and Related Disorders
* Depressive Disorders
* Anxiety Disorders
* Trauma And Other Stressor Related Disorders
* Disruptive, Impulse-Control, and Conduct Disorders
Feeding and Eating Disorders

* Describes disorders previously in childhood section
  * Pica
  * Rumination
  * Avoidant/Restrictive Food Intake Disorder (feeding disorder of infancy and early childhood)
  * Anorexia: amenorrhea criterion eliminated
  * Binge Eating Disorder
Neurodevelopmental Disorders

- Intellectual Disability (Intellectual Development Disorder)
- Specific Learning Disorders
- Communication Disorders
- Motor Disorders
- Autism Spectrum Disorders
- ADHD
Diagnoses Dependent on Collateral Providers

- Intellectual Disability
- LD, Motor, Specific Feeding Disorders
- ADHD
- Others?...

- Who are “collateral providers” and what differentiates their services?
Specifiers of mild, moderate, profound based on adaptive functioning across three domains:

- Conceptual
- Social
- Practical
Specific Learning and Motor Disorders

* Impairments in reading, written expression, mathematics (use specifiers)
* Developmental Coordination Disorder
* Stereotypic Movement Disorder
  * Specifiers: with/out self injury, associated with a known medical/neurodevelopmental disorder, environmental factors
… What are the differences and similarities between ASD and Asperger’s Disorder? Are they fundamentally the same?
Communication Disorders

**Social (Pragmatic) communication Disorder**
- Deficits in using communication for social purposes
- Impairment of ability to change communication based on context
- Difficulty with inferences, implicit communication
- Functional limitations
- Onset is in early developmental period
- Not related to other condition (including ASD, ADHD, anxiety, intellectual disability)
Asperger’s Disorder (DSM IV-TR)

A. Qualitative impairment in social interaction
   A. Issues with multiple nonverbal behaviors
   B. Failure to develop peer relationships appropriate to developmental level
   C. Lack of spontaneous seeking to share enjoyment
   D. Lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behavior (preoccupations, inflexibility, repetitive motor)
C. No language delay
Communication Disorders

- Language Disorder
- Stuttering (both child and adult onset)
Enfolds Asperger’s, Childhood Disintegrative Disorder, PDD

4 Criteria are the same: impairment in reciprocal social communication and interaction, restricted patterns of interests/behavior, present from early childhood, impairment

Difference is in specifiers focusing on functioning
### ASD Severity Levels

(Paraphrased from DSM-5, p.52)

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Social Communication</th>
<th>Restricted, repetitive behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 3</strong> “requiring very substantial support”</td>
<td><strong>Severe</strong> deficits in verbal and nonverbal communication</td>
<td>Inflexibility or restricted behavior markedly interfere across spheres</td>
</tr>
<tr>
<td><strong>Level 2</strong> “requiring substantial support”</td>
<td><strong>Marked</strong> deficits</td>
<td>Appears enough to be obvious to casual observer and interferes</td>
</tr>
<tr>
<td><strong>Level 1</strong> “requiring support”</td>
<td><strong>Without</strong> supports in place deficits emerge</td>
<td>Causes interference in more than one context</td>
</tr>
</tbody>
</table>
ADHD: DSM 5 Changes

- **Lifespan changes**: age of onset, differentiation in symptoms
- **Subtypes**: Combined, Inattentive, hyperactive/impulsive (same)
- **Specifiers**: in partial remission, mild, moderate, severe
Depressive Disorders

* **Specifiers:** addition of anxious distress, more explanation of mixed features
* Persistent Depressive Disorder
* Premenstrual Dysphoric Disorder (PMDD)
* Elimination of bereavement exclusion
Bipolar and Related Disorders

- Recategorized
- Refinement of diagnostic criteria for mania—emphasis in change in activity level/energy which must be present in addition to expansive mood
- Major diagnoses the same with minor tweaks to specifiers, etc.
Disruptive Mood Regulation Disorder

- Reason for creation of diagnosis
- Age parameters of initial diagnosis are 6-18
- “Severe, recurrent temper outbursts”: verbal or physical, inconsistent with developmental level
- Frequency of outbursts averages 3x/week
- Mood between outbursts is irritable/angry
- Present across settings and severe in at least one
- Criteria not met for hypomania or mania (for more than one day)
DSM 5 Redefinition of Anxiety

- Anxiety is....
  - Presence of worry and fear

- Anxiety is not (solely)
  - Heightened physiological arousal
Anxiety Disorders

- **IN (Included):** Separation Anxiety Disorder, now with adult onset, Phobias, Social Anxiety, Panic Disorder, Selective Mutism, GAD

- **OUT:** Now in their own categories:
  - PTSD
  - OCD, Hoarding (new), Body Dysmorphism, Trichotillomania, Excoriation
Trauma and Stressor-Related Disorders

- **Reactive Attachment Disorder** *(formerly inhibited type)*
  - **Specifiers:** Persistent (over 12 months), Severe (all criteria present at high levels)

- **Disinhibited Social Engagement Disorder**
  - **Specifiers:** Persistent, Severe
Trauma and Stressor Related Disorders

* Posttraumatic Stress Disorder: criteria mainly the same; more detail, more developmental focus
  * Posttraumatic Stress Disorder for Children 6 Years And Younger: acknowledges play, lack of outwardly fearful reactions, behavioral changes, parent report, etc.
* Acute Stress Disorder
* Adjustment Disorders
Disruptive, Impulse-Control, and Conduct Disorders

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder
- Antisocial Personality Disorder
- Pyromania
- Kleptomania
- Other Specified
- Unspecified
Oppositional Defiant Disorder

* Expansion on criteria (4 symptoms out of a much longer list)
  * Angry/Irritable Mood
  * Argumentative/Defiant Behavior
  * Vindictiveness

Severity Specifier: by how many settings symptoms are present in (Mild=1, etc.)
Conduct Disorder Specifiers

- Childhood onset vs. adolescent onset (after age 10)
- Mild, moderate, severe
- With limited prosocial emotions
  - Lack of remorse or guilt
  - Callous/lack of empathy
  - Unconcerned about performance
  - Shallow or deficient affect
Questions?